| Please type a plus sign (+) inside this box | \longrightarrow | ١. |
|---|-------------------|----|
|---|-------------------|----|

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | | |
|------------------------|--------------------|--|
| Filing Date | | |
| First Named Inventor | Philip F. Sullivan | |
| Group Art Unit | Unknown | |
| Examiner Name | Unknown | |
| Attorney Docket Number | 56.0756 | |

| I hereby appo | int: | | | | | |
|--|--|--|---------------------------------|---|--|--|
| OR | ners at Customer Number | r <u>27452</u> | | Place Customer Number Bar Code Label here | | |
| | Name | | Regi | stration Number | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| as my/our attor business in the | ney(s) or agent(s) to pros United States Patent and | secute the application in d Trademark Office co | identified abo nnected there | ove, and to transact all ewith. | | |
| | | | | | | |
| Please change t | the correspondence addre | ess for the above-iden | tified applicat | tion to: | | |
| X The above- | mentioned Customer Nur | mber. | | | | |
| OR | | | | | | |
| Firm or | | | | | | |
| Individual Na Address | ane | | | | | |
| Address | | | | | | |
| City | | | State | Zip | | |
| Country | | | | | | |
| Telephone | | | Fax | | | |
| I am the: | | | | | | |
| X Applican | t/Inventor. | | | | | |
| Assigne | e of record of the entire in | nterest. See 37 CFR 3. | .71. | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | |
| Name | Philip E Cullivan | | | | | |
| Signature | 0111. | | | | | |
| Date | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| *Total of | forms are submitted. | | | | | |

| Please type a p | lus sign | (+) inside t | his box | 1 |
|-----------------|----------|--------------|----------|-------|
| | 4.9 | () | a no box | - |

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peparwork Reduction Act of 1995, no persons are required to respond to a collaction of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | |
|------------------------|--------------------|
| Filing Date | |
| First Named Inventor | Philip F. Sullivan |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | 56.0756 |

| l hereby | appoint: | | | | |
|---------------------|---|---|--------------------------|---|--|
| OR | ctitioners at o | Customer Number 274 | 52 | Place Customer Number Bar Code Label here | |
| | | Name | | Registration Number | |
| | | | | | |
| _ | | | | | |
| - | | | | , | |
| L | | | | | |
| as my/our | attorney(s) o | r agent(s) to prosecute the | application identifi | ed above, and to transact all | |
| business i | n the United | States Patent and Tradema | ark Office connecte | d therewith. | |
| | | | | | |
| Please cha | ange the corre | espondence address for the | above-identified a | opplication to: | |
| 🗶 The at | bove-mention | ed Customer Number. | | ppa | |
| OR | | | | | |
| Firm or | | | | | |
| | ual Name | | | | |
| Address Address | | | | | |
| City | | | State | Zip | |
| Country | *************************************** | | | | |
| Telephone | | | Fax | | |
| I am the: | | | | | |
| ≭ Apr | plicant/Invent | or. | | | |
| [| sianos of rose | and of the entire interest O- | - 27 OFD 2 74 | | |
| | | ord of the entire interest. Se r 37 CFR 3.73(b) is enclose | | 96) | |
| | | SIGNATURE of Applica | | | |
| | Curtis | s L. Boney | in or Addigned of S | coord | |
| Name | | | | | |
| Signature aut & Bay | | | | | |
| Date | o of all the invest | dan a sain a f | | | |
| forms if more that | n one signature | itors or assignees of record of the is required, see below*. | entire interest or their | representative(s) are required. Submit multiple | |
| × *Total of | fo | ms are submitted. | | | |

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

56.0756

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number

DECLARATION FOR UTILITY OR

| DE | SIGN | First Name | ed Inventor Phill | Sullivan | | | | |
|---|--|--|-------------------------|----------------------------------|--|--|--|--|
| PATENT A | | COMPLETE IF KNOWN | | | | | | |
| (37 C | Application | Application Number | | | | | | |
| Declaration | Declaration | n Filing Date | | | | | | |
| Submitted OR With Initial | | after Initial | | | | | | |
| Filing | (37 CFR 1 required) | 16 (0)) | Examiner Name | | | | | |
| | required) | | | | | | | |
| I hereby declare that: | | | | | | | | |
| Each inventor's residence, m | ailing address, and | d citizenship are as stated b | nelow next to their nex | me | | | | |
| | | | | | | | | |
| I believe the inventor(s) name which a patent is sought on t | ed below to be the he invention entitle | original and first inventor(s |) of the subject matte | r which is claimed and for | | | | |
| Dissolving Filter Cake |) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 | - | | | | | | | |
| the specification of which | | (Title of the Invention) | | | | | | |
| the specification of which | | | | | | | | |
| is attached hereto | | | | | | | | |
| OR | | | | | | | | |
| was filed on (MM/DD/ | ···· | | | | | | | |
| | | as Uni | ted States Application | n Number or PCT International | | | | |
| Application Number | a | and was amended on (MM/I | DD/YYYY) | (if applicable). | | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as | | | | | | | | |
| amended by any amendment specifically referred to above. | | | | | | | | |
| I acknowledge the duty to d | lisclose informatio | n which is material to pat | entability as defined | in 37 CFR 1.56, including for | | | | |
| contin∪ation-in-part application | ons, material inforr | nation which became avail | able between the filir | ng date of the prior application | | | | |
| and the national or PCT inter | national filing date | of the continuation-in-part | application. | reign application(s) for patent, | | | | |
| inventor's or plant breeder's | rights certificate(s) | , or 365(a) of any PCT into | ernational application | which designated at least one | | | | |
| country other than the United | States of America | a, listed below and have als | so identified below, by | checking the box, any foreign | | | | |
| before that of the application | on which priority is | ers rights certificate(s), or a claimed. | iny PCT International | application having a filing date | | | | |
| Prior Foreign Application | | Foreign Filing Date | Priority | Certified Copy Attached? | | | | |
| Number(s) | Country | (MM/DD/YYYY) | Not Claimed | Yes No | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | - 1 | | 日 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Additional foreign application | ation numbers are | listed on a supplemental pr | iority data sheet PTO | /SB/02B attached hereto. | | | | |

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: | Custome | er Number: 2 | 745 | 2 | OR | | Corres | pondence address below |
|---|------------------------------------|--|----------------|------------------------------|---------------------------------------|----------|----------------|---------------------------|
| Name | | | | | | | | |
| Address | | | | | | | | |
| City | | | Stat | e | , , , , , , , , , , , , , , , , , , , | | · | ZIP |
| Country | | Telephone | <u> </u> | | Fax | | | |
| I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz | e true; and fun de are punishat | ther that these sta ble by fine or impris | temen onmer | ts wer nt. or b | e made | with | the kno | whedre that willful falce |
| NAME OF SOLE OR FIRST IN | VENTOR: | ПА | etition | has b | een filed | for thi | s unsiar | ned inventor |
| Given Name (first and middle [if any]) Philip |) F. | | | | Family Nor Surna | Jame | | |
| Inventor's Signature P.F. | fullwa | eni | | | | | | Date ///14/03. |
| Residence: City Bellaire | State TX | | | Country Citizer U.S.A. U.S.A | | • | | |
| Mailing Address | 17 | | 0.8 | .A. | | | U.S.A | \. |
| 4415 Ione Street | | | | | | | | |
| City | State | | | ZIP | | ···· | Т | Country |
| Bellaire | TX | | | 77401 | | | U.S.A. | |
| NAME OF SECOND INVENTO | R: | | |] Ap | etition h | as bee | en filed f | or this unsigned inventor |
| Given Name (first and middle [if any]) Curtis L. Family Name or Surname Boney | | | | | | | | |
| | ntsLi | Say | | | | | | Date 11/14/03 |
| Residence: City | State | | | | | l . | Citizenship | |
| Houston | Texas | | | U.S.A. U.S. | | | 1 . | |
| Mailing Address 14918 Chadbourne | | | | | | | | |
| City | State | | | ZIP | | | Count | гу |
| Houston | Texas | | | 7707 | 79 | | U.S.A | ۹. |
| Additional inventors or a legal re | presentative are bel | ing named on the | supplem | ental sh | eet(s) PTC |)/SB/02A | or 02LR | attached hereto. |